

**ARKANSAS FORESTRY COMMISSION  
WORKERS' COMPENSATION (JOB RELATED INJURY AND ILLNESS)  
POLICY & PROCEDURE STATEMENT  
§ 15**

**Required: Workers Comp Forms I-A1, AR-N, AR-S, PECD 1, and PEDC 2 or A15.100**

1. The AFC provides Workers' Compensation benefits under the plan for Arkansas state employees administered by the state agency, Public Employee Claims. This plan provides reasonable medical costs and applicable benefits to employees sustaining injury or illness arising out of and during employment, in accordance with the Workers' Compensation Act and the Uniform Attendance and Leave Policy Act, as amended.
2. The injured employee should notify his/her supervisor immediately.
3. Employees that suffer minor injuries and refuse to see a physician must document accident on Form A15.100 – Arkansas Forestry Commission Accident/Injury Incident Report.
4. The injured employee should contact the Company Nurse Injury Hotline @ 855/339-1893. All employees will be issued a wallet card with the hotline information. If the injured employee cannot make the call, the supervisor should. The injury information will be taken, care recommendations made, and the incident report will be sent to the treatment facility prior to the injured employee's visit. The call to the Company Nurse Injury Hotline will generate the worker's compensation claim forms and then e-mail to the LR HR Department and will then be forwarded to the appropriate office for review by the injured employee/supervisor and signed along with a Temporary Prescription Form. Completed forms must be returned by fax or mail to the LR HR Department within 3 business days.

All witnesses shall write a statement as soon after the incident as possible and attach to PECD2.

<u>FORM</u>	<u>DESCRIPTION</u>	<u>COMPLETE FORM BY</u>
1 A-1	Employer's Report of Injury	Supervisor
PECD1	Employee's Report of Accident	Employee
AR-N	Employee's Notice of Injury	Employee
Note: Injured employee must receive copy of front and back of Form N. Please sign and date back side and send to HR with all other forms		
PECD2	Workers' Comp Information Sheet	Supervisor
AR-S	Employer's Supplemental Report	Supervisor

Optional: Employee may complete Medical Mileage Form for mileage reimbursement for trip(s) to physician/treatment if personal vehicle used.

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5. If circumstances surrounding the incident are questionable, the supervisor should report the information on PECD2 Form and attach a memo with specifics. The AFC and Public Employee Claims have the prerogative to contest a claim and request a hearing before an administrative law judge at the Workers' Compensation Commission. The action by the administrative law judge is binding on all parties, subject to appeal to the Workers' Compensation Commission and subsequent appeal to the Arkansas Court of Appeals.
6. Posting of Workers' Compensation posters Form H and Form P and Company Nurse Form is required at all AFC offices.
7. Except for emergency treatment, only physicians on the Workers Compensation Preferred Provider List may be used. For a current listing of physicians and hospitals see <http://www.insurance.arkansas.gov/PECD/divpage.htm> or contact the AFC Human Resources Office.
8. Except for **emergency treatment**, do not pre-approve medical treatment or prescription medication. Refer all calls to AFC Human Resources Administrator.
9. If a full time employee is unable to work due to injury, the AFC will retain the employee on full wages and benefits for ten consecutive days per claim under job injury leave.<sup>1</sup> Employees on job injury leave will not lose accrued annual or sick leave.
10. A full time employee, whose injuries incapacitate him from regular work in excess of ten consecutive work days, will be placed on Workers' Compensation benefits. The employee may use accrued sick, annual, or compensatory time to supplement benefits, not to exceed normal weekly pay at the time of the compensated injury, until he is physically able to return to work or reaches maximum medical improvement. The attending physician's release to return to regular duty is required.
11. The AFC will allow an employee to return to work on light duty basis as soon as authorized by the physician, if an accommodation can be made to do so.
12. If medical evaluation dictates that the medical impairment is total and the injured employee cannot return to work, employment with the AFC may end.
13. Employees may apply for other job openings that their physician authorizes them capable of performing.

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<sup>1</sup> AFC time sheet activity code 36, Job Injury Leave  
AASIS time entry, ADMP  
7/22/2014

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14. Extra Help employees are not eligible for job injury, annual, or sick leave, but are eligible for Workers' Compensation benefits as determined by Public Employee Claims.
15. This revised AFC Policy Workers' Compensation (Job Related Injury and Illness) Policy § 15 supersedes all earlier versions of the AFC § 15 and interpretive memoranda, which are hereby repealed.